

Do NOT Complete This Section - FOR OFFICIAL USE ONLY		SR21	
Do NOT Detach!		DRIVER SERVICES	
Insurance Carrier, Return To:		Department of Transportation P.O. Box 1708 Cheyenne, Wyoming 82003-1708	
With regard to an AUTOMOBILE LIABILITY INSURANCE POLICY for the policyholder named on the reverse side hereof, the undersigned insurance company advises you in accordance with the items checked below:			
<input type="checkbox"/> 1. NO policy was in effect on the date of the accident.			
<input type="checkbox"/> 2. Our policy for the named policyholder applies to the person as the owner of the vehicle involved in the accident and any driver operating the vehicle with permission of the owner.			
<input type="checkbox"/> 3. Our policy for the named policyholder applies to the owner of the vehicle involved in the accident, but does not apply to the operator of the vehicle involved.			
<input type="checkbox"/> 4. Our policy for the named policyholder applies to the person as the operator, but does not apply to the owner of the vehicle involved in the accident.			
<input type="checkbox"/> 5. Our policy affords limits of liability of at least \$25,000/\$50,000 bodily injury/death and \$20,000 property damage.			
<input type="checkbox"/> 6. Our policy affords limits of less than \$25,000/\$50,000 bodily injury/death and \$20,000 property damage.			
DATE: _____		SIGNATURE: _____	
		AUTHORIZED INSURANCE REPRESENTATIVE	